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Rev. 12/09/04

EEE TOANIONATTAL		Complete if Known			
FEE TRANSMITTAL		Application Nu	mber:	10/646,378	
For FY 2005 Potent fees are subject to annual revision		Filing Date:		8/22/2003 Barbara F. Smith	
		First Named Inventor: Ba		barbara F. Silliu	<u>'</u>
Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit			
TOTAL AMOUNT OF PAYMENT: \$60		Attorney Dock		S-94,729	
		,	FEE CALCULAT	ION (continued)	
METHOD OF PAYMENT (check all that apply)		I Ex Orizonal formacy			
The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17	Large Entity Fee Fe Code (1	<u>) Code (5)</u> 30 2051 \$65 S	<u>Fee Descrip</u> Surcharge — late fi	ling fee or oath	Fee Pald
FEE CALCULATION	1			rovisional filing fee o	or cover sneet
1. COMBINED FILING FEE Large Entity Small Entity Fee Fee Fee Description Fee Paid 1001 \$300 2001 \$150 Basic Filing fee 1004 \$300 2004 \$150 Reissue Filing fee 1111 \$500 2111 \$250 Search Fee 1311 \$200 2311 \$100 Examination Fee 1005 \$200 2005 \$100 Provisional Filing Fee 1005 \$250 2005 \$125 Provisional Size Fee (for each additional 50 sheets that exceeds 100 sheets)		20 2251 \$60 E 150 2252 \$225 E 1020 2253 \$510 1590 2254 \$795	Extension for reply Extension for reply Extension for re Extension for repl	t for reexamination y within first month y within second mon ply within third mon y within fourth month y within fifth month	th
		500 2401 \$250 500 2402 \$250	Notice of Appeal		ı
SUBTOTAL (1) \$0.00	1403 \$1	1000 2403 \$500	Request for ora	al hearing	
	1452 \$5	50 0 2452 \$250	Petition to revive	e – unavoidable	
2. EXTRA CLAIM FEES/APPLICATION SIZE FEE Extra Fee from Fee Paid	1814 \$1	110 2814 \$55	Terminal Disclain	ner	
Claims Below	1453 \$1	500 2453 \$750	Petition to revive	- unintentional	
Total Claims -20** = X = \$	i	130 1460 \$130	Petitions to the	Director	
Independent -3 ** = X = \$ Claims	1	180 1896 \$180		nformation Disclosu	re Statement
Multiple Dependent X 180 = \$ ** or number previously paid, if greater; For Reissues, see below	1	1809 \$790 2809 \$395 Filling a submission after final rejection (37 CFR 1.129 (a))			
Large Small Entity Entity	1810 \$7	790 2810 \$395	•	onal invention to be	
Fee Fee Fee Description	6	100 4044 \$400	Certificate of Co		
1202 \$50 2202 \$25 Claims in excess of 20	1				
1201 \$200 2201 \$100 Independent claims in excess of 3 1203 \$360 2203 \$180 Multiple dependent claim, if not paid.		publication fee for early, voluntary, or normal publication/Republication fee Request for Continued Examination (RCE)			
1204 \$88 2204 \$44 ** Reissue Independent claims	Other	fee (specify)			_
over original patent 1205 \$18 2205 \$9 ** Reissue claims in excess of 20 and over original patent		SUBTOTAL (3) \$60			
Total Claims Fee \$ 0 APPLICATION SIZE FEE	Reduce	d by Basic Filing Fee	Paid		
1081 \$250 2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings		SUBTOTAL FROM 1 \$0 SUBTOTAL FROM 2 \$0 SUBTOTAL FROM 3 \$60			\$0 \$60
SUBTOTAL (2) \$_0 TOTAL AMOUNT OF PAYMENT \$60 (Include total of Claims Fees and Size Fee here) TOTAL AMOUNT OF PAYMENT \$60 (Enter total amount at top of page)					\$60
SUBMITTED BY				Complet	e (if applicable)
Printed Name: Robert P. Santandrea				Reg. No.	45,072
Signature: Nobull Santandua Date: 1/17/2006 Telaphona (505) 66					(505) 667-3766



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Ideas that Change the World

P.O. Box 1663, LC/IP, MS A187 Los Alamos, NM 87545 (505) 667-3766 Fax: (505) 665-4424

FAX TRANSMISSION COVER SHEET

Date: January 17, 2006

Helen L. Pezzuto To:

US Patent and Trademark Office

Phone: (571) 272-1108

(571) 273-8300 Fax:

From: Robert P. Santandrea

LC/IP

Phone: (505) 667-3766

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Re: 10/646,378

S-94,729

Barbara F. Smith

Sender: Marcie A. Archuleta

YOU SHOULD RECEIVE (15) PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 667-7604.

Comments:

Included in this facsimile transmittal are the following documents for filing in the aboveidentified patent application:

Fee Transmittal (Ext of Time) 1 page Amendment & Request for Reconsideration (13 pages)

Fee Payments Authorized: \$60.00

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UNCLASSIFIED

JAN 1 7 2006

Rev. 06/04/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Barbara F. Smith

Docket No.: S-94,729

Serial No.:

10/646,378

Examiner:

Helen Lee Pezzuto

Filed

8/22/2003

Art Unit:

1713

For

FUNCTIONALIZED POLYMERS FOR BINDING TO SOLUTES IN

AQUEOUS SOLUTIONS

Customer No. 35068

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated September 14, 2005, please enter the following amendments to the Claims and consider the accompanying remarks.

A one-month extension of time under 37 CFR §1.136(a), to be charged to our deposit account, is also requested.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper; and

Remarks begin on page 10 of this paper.

CERTIFICATE OF MAILI	NG/TRANSMISSION (37 CFR 1.8(a))			
I hereby certify that this correspondence is, on the date shown below, being:				
MAILING deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.	FACSIMILE Itransmitted by facsimile to the United States Patent and Trademark Office White States Patent and Trademark Office			
DateJanuary 17, 2006	Robert P. Santandrea (type or print name of person certifying)			

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